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Brian Dute Ross 04/07/2000 09/545,316 TITLE OF INVENTION: SYSTEM AND METHOD FOR FACILITATING THE PRE-PUBLICATION PEER REVIEW PROCESS

|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                  | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                 | TOTAL FEE(S) DUE                                                                                                | DATE DUE                                            |
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| nonprovisional                                                                                                         | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$700                                                                                                                                            | \$0                                                                                                                                                                                                                                                                                                                                                             | \$700                                                                                                           | 11/04/20/3                                          |
| EXAMINER                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ARTUNIT                                                                                                                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                     |
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| FR 1.363).  Chunge of correspor Address form PTO/SB/  "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.     | ation (or "Fee Address" Indi-<br>or more recent) attached. U<br>ID RESIDENCE DATA TO<br>as an assignce is identified<br>in 37 CPR 3.11. Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | f Correspondence  f Correspondence  cation form  se of a Customer  BE PRINTED ON THE PA  below, no assigned data with of this form is NOT a sub- | or printing on the patent front page, the names of up to 3 registered patients OR, ahematively, are name of a single firm (having metered atterney or agent) and the assistered patent atterneys or agents, in on name will be printed.  TENT (print or type) It appear on the patent. If an assistitute for filing an assignment.  DENCE: (CITY and STATE OR C | Hargi a member a mos of up to (f no name is 3                                                                   | eaves & Savitch document has been filed for         |
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PAGE 2/3\* RCVD AT 11/3/2005 1:25:43 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/24\* DNIS:2732885\* CSID:619\* DURATION (mm-ss):01-48

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Pattric J. Rawlins

RE:

Application No. 09/545,316 Confirmation No. 1922

Attorney Docket 110658-005

CC:

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